FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Norttem

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 850596 THE SOUTHERN LEAGUE OF PROFESSIONAL BASEBALL CLU BS INC. Principal Place of Business Mailing Address 1 DEPOT STREET 1 DEPOT STREET SUITE 300 SUITE 300 MARIETTA GA 30060 MARIETTA GA 30060 2. Principal Place of Business 2e. Mailing Address Same as woove 26 Same as above Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

FILED Feb 24 1998 8:00am Secretary of State



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Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

10/02/1981

57-0286844

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

City & State	9	City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible				
24	25	25 29 30				Personal Property Tax due June 30. 🔲 Yes 🎇 No				
	9. Name and Address of Current	Registered Agent		.1		10. Name and Address of New Registe	red Age	nt		
				81	Name					
BRAGAN, PETER D C/O JACKSONVILLE SUNS WƏLFSON STADIUM, 1201 E DUVAL STREET JACKSONVILLE FL 32202					Stroot /	t Address (P.O. Box Number is Not Acceptable)				
					82 Street Address (P.O. Box Number is Not Acceptable)					
					Cit			5 Zip (Code	
51,751,75				84	City		FL 8	1 '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE										
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE Register	ed Age	nt signature		ATE			
12.	OFFICERS AND		13	·		ADDITIONS/CHANGES TO OFFICERS				
TITLE	PST DELETE		LETE 1.1	1.1 TITLE			L_	Change	Addition	
NAME	1 1501011, 7411015 0:			NAME						
STREET ADDRESS	I DE OI OINEEN CONE COO				ADORESS					
CITY-ST-ZIP	MARIETTA GA		1.4	CITY-S	¶∑IP}_	30060				
TITLE	VPD DELETE			2.1 TITLE		Vice Provident Don Minchet	LX.	Change	Addition	
NAME	Hordekopf, Bill		2.2	NAME		Don Minchet				
STREET ADDRESS	100 BEN CHAPMAN DR.		2.3	STREET	ADDRESS	Declovia Stadium			i	
CITY-ST-ZIP	BIRMINGHAM AL 35244			CITY-S	T-ZIP	Fre Povis Stadown Road 125 Leeman Form Road Huntersley AL 35801				
TITLE	D	□ Di	LETE 3.1	TITLE	1	•		Change	Addition	
NAME	Bragan, Peter D, Sr		3.2	NAME						
STREET ADDRESS	1201 E. DUVAL STREET				ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			CITY-S	31 (2 1P)	32207		<u></u>	12 4 - 100	
TITLE	8	Di	LETE 4.1	TITLE	_	Director (O)	Ц	Change	Addition	
NAME				NAME		Steve Bryant				
STREET ADDRESS			4.3	STREET	ADDRESS	7221 Becky Circle				
CITY-ST-ZIP				CITY-S	T-ZIP	Roleyt, NC 27615			- K-0 - 180	
TITLE		□ D	LETE 5.1	TITLE		Director (D)		Change	Addition	
NAME			5.2	NAME		Fronk BURKE.	_ c/s.	Histor	ic Engel	
STREET ADDRESS	•		5.3	STREET	ADDRESS		5 Sh	A de u ~	المراجع المراجع	
CITY-ST-ZIP				CITY-S	T-ZIP	Chatlaneous TN 37403				
TITLE		D D	ELETE 6.1	TITLE			L	Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-ZIP			64	CITY-S	T-ZIP			41 -1 45	T. 7	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am all officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Ad O Fills - And O Filley SIGNATURE:

(770) 428-474